



Mail Stop RCE TRANSMITTAL FORM <i>(To be used for all correspondence after initial filing)</i>		Application Number	10/678,692
		Filing Date	October 3, 2003
		Confirmation Number	9961
		Inventor(s)	RICH
		Group Art Unit	2856
Express Mail Label No.: EL 997385558 US	Examiner	Frank, R.	
Total Number of Pages in This Submission:	7	Attorney Docket No.	02-20

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form (submit in duplicate)	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet	
<input type="checkbox"/> Fee Attached <input type="text" value="\$"/>	<input type="checkbox"/> Cover Sheet	<input type="checkbox"/> After Allowance Communication to Group	
Check No.: <input type="text"/>	<input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Request for Return of PTO-1449 Forms	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to the Commissioner	<input checked="" type="checkbox"/> Request for Continued Examination (RCE)	
<input type="checkbox"/> Affidavits / Declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Request Letter	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Address	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Response to Missing Parts / Incomplete Application	
<input type="checkbox"/> Cited References	<input checked="" type="checkbox"/> Certificate of Mailing by Express Mail		
<input type="checkbox"/> Search report			
<input type="checkbox"/> Drawing(s): Number of Pages _____	<input type="checkbox"/> Other Enclosure(s): _____		
Number of Figs. _____ and cover sheet			
<input type="checkbox"/> Formal			
<input type="checkbox"/> Informal			

Current Due Date: July 9, 2005 (one month extended)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual and Company	Michael W. Haas, Reg. No. 35,174 RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668
Signature	
Date	July 8, 2005

CERTIFICATE OF MAILING

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Typed Name	Michael W. Haas, Reg. No. 35,174		
Signature		Date	July 8, 2005



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FEE TRANSMITTAL

(Effective 12/08/2004)

"Express Mail" Label No. EL 997385558 US

TOTAL AMOUNT OF PAYMENT \$ 910.00

Application Number	10/678,692
Filing Date	October 3, 2003
First Named Inventor	RICH
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Group Art Unit	2853
Examiner's Name	Frank, R.
Attorney Docket No.	02-20

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																								
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number 50-0558 Deposit Account Name Respiration, Inc.		3. APPLICATION SIZE FEE <p>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. § 41(a)(1)(G) and 37 C.F.R. § 1.16(s).</p> <table border="1"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 fraction thereof</th> <th>Fee(\$)</th> <th>Fee Paid(\$)</th> </tr> </thead> <tbody> <tr> <td>100</td> <td></td> <td></td> <td>250</td> <td>0.00</td> </tr> <tr> <td colspan="5" style="text-align: center;">-100 = _____ /50 = _____ (round up to a whole number) X 250 = 0.00</td> </tr> </tbody> </table>					Total Sheets	Extra Sheets	Number of each additional 50 fraction thereof	Fee(\$)	Fee Paid(\$)	100			250	0.00	-100 = _____ /50 = _____ (round up to a whole number) X 250 = 0.00																																																																																																																																																									
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SUBMITTED BY

Typed or Printed Name	Michael W. Haas			Reg. Number	35,174
Signature	<i>Michael W. Haas</i>	Date	July 8, 2005	Deposit Account Number	50-0558